

Barriers to optimal screening and management of syphilis in pregnancy in Southeast Queensland

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Background: Over the last decade the notification rates of infectious syphilis among women of reproductive age have showed a 6.5-fold increase in Southeast Queensland (SEQ) resulting in the re-emergence of congenital syphilis in metropolitan areas. This resurgence is a sentinel health event which calls for reflection on where breakdowns in public health and antenatal care (ANC) systems may be occurring. The aim of this research was to explore potential barriers identified by healthcare providers (HCP) to optimal screening and management of syphilis in pregnancy and in the newborn.

Methods: Semi-structured interviews were conducted with a convenience sample of 34 multidisciplinary HCP [GP (5), Midwife (12), Nurse/NP (3), Specialist (11) Resident (2)] practicing in SEQ primary (n=5) and tertiary health care (n=29) settings. Participants were recruited via targeted advertising and snowball sampling. Interviews were digitally recorded and transcribed verbatim. Qualitative analysis was completed following a deductive reflexive thematic approach using NVivo12 software.

Results: Our findings suggested that there are multiple potential barriers that result in failure to detect and adequately treat infections in both women diagnosed with syphilis in pregnancy and their infants. The major themes impacting on suboptimal care included a reliance on patient self-directed care, inaccurate assessments of patient risks, breakdowns in communication pathways, and lack of knowledge and experience in diagnosing and managing syphilis in pregnant patients.

Conclusion: Current models of ANC may be contributing to delayed diagnoses, mismanagement of syphilis in pregnancy and ultimately cases of congenital syphilis. Increasing HCP knowledge and confidence to diagnose and manage syphilis in pregnancy is essential to curb the increasing rate of this preventable infection. Establishing systems to support multidisciplinary communication and management of syphilis along the perinatal-neonatal care journey will improve the continuity of care and maternal and neonatal health outcomes in SEQ.

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